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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Pompeo for Kansas, Inc. PO Box 2485 ADDRESS (number and street) (Check if address is changed) Springfield 22152-0485 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pompeo@concentricoffice.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00460402 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Carlin, Robert, F.,, Type or Print Name of Treasurer Carlin, Robert, F.,, [Electronically Filed] 02 16 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

committees/organizations, at least one of which is an authorized committee of a federal candidate.	ı	EC Fo	orm 1 (Revised 02/2009) Page 2	
(a) This committee is a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation REP Office Sought:				
(b)		uidate		
Name of Candidate Pompeo, Michael, R., Candidate Party Affiliation REP Sought: House Senate President District O4	. ,			
Candidate Candid			information below.)	!
Candidate Party Affiliation REP Sought: x House Senate President District 04 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a Corporation Corporation Corporation Cooperative Labor Organization District In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C 2. FEC ID number C FEC ID number C			Fortipeo, Michael, K, ,	
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Name of Candidate Party Committee: (d) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a Corporation	Party	Affiliati	Sought. W House Senate President	04
Party Committee: (d) This committee is a	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
(National, State or subordinate) committee of the Political Action Committee (PAC): (e) This committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a Corporation Corporation Corporation Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C 2. FEC ID number C 3. FEC ID number C				
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(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a Corporation	(d)			arty.
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Membership Organization	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ı is a
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2. FEC ID number C 3. FEC ID number C				
3. FEC ID number				
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Write or Type Committee Na	ame	
Pompeo for K	ansas, Inc.	
•	d Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
]
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponso
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the	e person in possession of committee
Carlin,	Sue, , ,	
Mailing Address	8136 Old Keene Mill Road	
	Suite A300	
	Springfield	22152-1853
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	703 - 569 - 9481
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committ	tee; and the name and address of
	Robert, F., ,	
of Treasurer	PO Box 2485	
Mailing Address		
	Springfield	22152-0485
Title or Position Treasurer	CITY STATE	ZIP CODE 703 569 9481
	Telephone number	

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Full Name of Designated Agent	Carlin, Sue, ,	, ,							
Mailing Address	Ľ	8136 Old Keen	ne Mill Road						
	l ³	Suite A300			1 1 1				
	-	Springfield			, , I	VA	22152	-1853	
			CITY			STATE		ZIP CODE	
Title or Position Assistant Treas	urer			Tele	ephone nu	mber _	703	569	9481
safety deposit bo	oxes or mainta	ins funds.	s or other depositorie	es in which t	ne commi	ttee depos	ts tunas, no	ias accounts,	rents
Name of Bank, [Depository, etc								
Name of Bank, [Depository, etc				1 1 1	1 1 1 1			
Name of Bank, I	Emprise					1 1 1 1			
	Emprise	Bank	ay 						
	Emprise	Bank	ay			KS	67202		
	Emprise	Bank 257 N Broadwa	ay			KS	67202	ZIP CODE	
Mailing Address	Emprise	Bank 257 N Broadwa Wichita					67202		
Mailing Address	Emprise	Bank 257 N Broadwa Wichita					67202		
Mailing Address Name of Bank, [Emprise Depository, etc	Bank 257 N Broadwa Wichita	CITY				67202		
Mailing Address Name of Bank, [Emprise Depository, etc	Bank 257 N Broadwa Wichita Bank	CITY				67202		
Mailing Address	Emprise Depository, etc	Bank 257 N Broadwa Wichita Bank 257 N Broadwa	CITY			STATE		ZIP CODE	
Mailing Address Name of Bank, [Emprise Depository, etc	Bank 257 N Broadwa Wichita Bank	CITY				67202	ZIP CODE	